

#### STATE OF NEW HAMPSHIRE 2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

## RECEIVED

OCT 3 1 2018

#### PLEASE PRINT

I. Name of Lobbyist(s):

(Print Name of lobbyist)

Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Sbapiro, Pb.D.

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of Lobbyist's	s partnership, firm or corpora	itton, ir any:	
		CALLAHAN & Gaio Street, Concor	GARTRELL, P.C. rd, NH 03301
603-228-		603-226-3334	worsowicz@gcglaw.com
(Telepho	one)	(Fax)	(Email)
	vers: (Choose one – file separ nsactions which are not attrib		cb client, OR you may file a separate report for client.)
All reportable tr	ansactions occurring in the mor	nth prior to the repo	orting date relative to the following client.
ASSOCIA			c/o MULTISTATE ASSOCIATES INC.
	(Full Name of Client as it ap	pears on the Lobby	ist Registration Form)
	ansactions by the lobbyist (incliparticular client.	uding the lobbyist's	s family), or the lobbying firm listed below which are
IV. Date of Report:	April 25, 2018 🔲		July 25, 2018
· · · · · · · · · · · · · · · · · · ·	tivity from date of registration (	10 3/31/18	activity from 4/1/18 to 6/30/18
	October 31, 2018 🗵		January 30, 2019 □
	activity from 7/1/18 to 9/30/18		activity from 10/1/18 to 12/31/18
	fees received and no reportal omplete just this form and subm		tade sioce the last report. By of State's Office, State House, Room 204,
VI. Check if additions	al reports are attached:		
		, you must file Add	leodum A – Fees and Expenses
If you have paid Expense Reimbo	ursement		file Addendum B - Report of Honorariums or
		ical contributions,	you must file Addendum C – Political Contributions
Sworn Statement/Affir I have read RSA 15, RS to the best of my knowled	A 15-B and RSA 664 and hereb	oy swear or affirm t	that the foregoing information is true and complete
1			
(Signature of Lobbyis	Jorsowy		(Date)
Paul A. Worsowicz			



# STATE OF NEW HAMPSHIRE Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s)	Paul A. Worsowicz; Heidi L. Kroll; Lisa K. Sh	apiro, Ph	.D.	
II. Name of lobbyist's	partnership, firm or corporation, if any:			
	GALLAGHER, CALLAHAN & GARTRE	LL, P.C.		
	(Name of partnership, firm or corporati	on)		
III. Name of Client	ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE ASSOCIATES INC.	Date	October 3	, 2018
lobbying, including fees	nt of all fees received from the client identified above for services such as public advocacy, government relationing legislation, and related legal work. The gross	ations, or p	oublic relatio	ns services,
a) Total of all fees recei	ived in this reporting period		a) \$	.00
	ived this calendar year, prior to this reporting period. he total prior monthly reports for this calendar year.)		b) \$	23,000.00
c) Total of all fees rece (Add lines a and b)	ived to date.		c) \$	23,000.00
d) Indicate the amount yet been paid.	of any such fees that are due, but have not		d) \$	.00
fees. Separate reports a lobbyist(s)/firm that are are to be reported in or reporting period for sa expenses where the exp the cost was \$25.00 or purchase of a ceremonistatement of each indivicovered by (a) (for exargiven to the subject of legislative reception).	partnerships, firms, or corporations are required to rare to be filed for expenditures made relative to each of unrelated to any one client a separate report may be ne of three categories of expenses: (a) the aggregateries, benefits, support staff, and office expenses; henditure was of \$25.00 or less (for example: meals pless, purchase of a pen with a value of less than \$10 to all object given to a person being lobbied with a value didual expenditure made during this reporting period of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses of a meal with value of greater than \$10 to a person being lobbied with a value of staff, and office expenses; (a) the aggregation of the aggregation of the person being lobbied with a value of staff, and office expenses; (b) to a person being lobbied with a value of staff, and office expenses; (a) the aggregation of the aggregat	lient and it filed for to ate total of (b) the ago burchased that is give e of \$25.00 f greater than tater than	f expenditure he lobbyist(s f all expense gregate total during a bus on to the pers or less); an an \$25.00 fo se of a ceren \$50, restaura	es are made by the sylfirm. Expenses as paid during the of all individual iness lunch where con being lobbied, and (c) an itemized or any purpose not nonial object to be ant expenses for a
support staff, and office	enses for this reporting period for salaries, benefits, expenses, related directly or indirectly to lobbying.	a) \$ b) \$		3,152.50
in a), of \$25 or less.		c) \$		.00_
c) Total of all itemized	expenditures reported in detail in section VI.	٠, ٠		.00_

Lobbyist Fees & Expenses, Addendum A – Page 2 Client: ASSOCIATION OF EQUIPMENT MANUFACTURERS c/o MULTISTATE A	ASSOCIATES I	NC.
d) Total expenses for this reporting period.		
(Add lines a, b and c.)	d) \$	3,152.50
e) Total of expenses paid this calendar year, prior to this reporting period.		
(This should be the amount on line f of addendum A for last month's report.)	e) \$	23,000.00
f) Total of all expenses year to date.	f) \$	26,152.50
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from lobbying f	ees during this	reporting
period, including by whom paid or to whom charged.		
Paid to:	Am	ount
	\$	
	\$	
	—— § —	
· · · · · · · · · · · · · · · · · · ·	s	
	s	
Sworn Statement/Affirmation by Lobbyist		
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the is true and complete to the best of my knowledge and belief.	e foregoing ir	iformation
(Signature of Johnvist)	(Date)	,
(Signature of lobbyist)	(Date)	
Paul A. Worsowicz		
(Print Name of Lobbyist)		

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

(Print Name of lobbyist)

	Affirmation by Lobbyist me and Expenses for:		
Name of Lobbying	partnership, firm or corpo	ration: GALLAGHER, CAL	LLAHAN & GARTRELL, P.C.
Name of Client (lea particular client):		or the partnership, firm, or content Manufacturers c/o Mul	rporation and not related to any tiState Associates Inc.
Date of Report (ch	eck one):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018	January 30, 2019 □
		e Statement of Income and Ex atement (insert the number of	penses described above, and the Addendum forms being
1 Addendum A	(s).		
0 Addendum B	(s).		
0 Addendum Co	(s).		
-	ffirm that the foregoing in t of my knowledge and be		nd each Addendum is true and
(Signature of Lobb	oyist)		16.15.2018 (Date)
Heidi L. Kroll			

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums

Sworn Statement/Affirm Statement of Income an	-		
Name of Lobbying partn	ership, firm or corpor	ration: GALLAGHER, CAL	LAHAN & GARTRELL, P.C.
Name of Client (leave bl. particular client):  As:	ank if Statement is for sociation of Equipm	or the partnership, firm, or coreent Manufacturers c/o Mul	poration and not related to any tiState Associates Inc.
Date of Report (check of	ne):		
April 25, 2018 🗆	July 25, 2018 🏻	October 31, 2018 🔀	January 30, 2019 □
I have read RSA 15, RSA following Addendums su submitted):	A 15-B, RSA 664, the bmitted with that Sta	e Statement of Income and Example 1 (insert the number of	spenses described above, and the Addendum forms being
1 Addendum A(s).			
0 Addendum B(s).			
0 Addendum C(s).			
I hereby swear or affirm complete to the best of n			nd each Addendum is true and
25			(Date)
(Signature of Lobbyist)		<del></del>	(Date)
Lisa K. Shapiro, Ph.D. (Print Name of lobbyis		<del> </del>	